

Methods: This was a retrospective audit of 100 consecutive emergency appendicectomies. Data related to patient age, type of procedure (laparoscopic / open/ converted), time of day, primary surgeon and most senior surgeon in theatre was collated.

Results: Our results indicate that the emergency appendicectomy is no longer an "SHO" operation in our hospital. The majority (60%) are performed by a registrar, irrespective of time of day. However there is an association between the presence of a consultant in theatre and documentation of the F2/CT as primary surgeon.

Conclusions: As the emergency take becomes increasingly pressured, junior trainees are finding it increasingly difficult to access traditional training operations, as reflected by a shift with appendicectomies becoming a registrar operation. However, the presence of a consultant in theatre increases training for junior trainees.

1293: ARCP FOR TRAINERS – WHO PASSES AND WHO FAILS?

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Introduction: High quality Consultant led surgical training has become increasingly important. It compensates for the reduced volume of experience that trainees now have. We evaluate its delivery.

Methods: In June 2012, London deanery's Core Surgical Trainees based at 38 hospitals anonymously completed a paper questionnaire primarily focusing on the quality of training interactions with their current Consultant Supervisors (CS).

Results: The questionnaire was completed by 196/213 (92%) of trainees - 101 first-year trainees, 89 second-year trainees and 6 unknown. In total, 155/196 (79%) were pleased with their CS and recommended them to other trainees. Overall, the CS's mean score for training was 6.9/10, for completing work-based assessments (WBAs) 6.2/10 and for frequency of operative teaching 5.8/10. On average, CS were available three days/week. The trainees main concerns were with limited theatre time (48/196,30%), teaching (37/196,19%) and lack of engagement from the consultant with completion of WBAs (33/196,17%).

Conclusion: Consultant led surgical training delivered in the London Deanery was recommended by the majority of trainees. Three key areas of improvement were identified. For the deanery, this survey serves to identify CS who were not fulfilling the trainee's needs as well as setting a standard for future assessments on consultant led training.

1312: FOUNDATION YEAR ONE KNOWLEDGE OF NHS STRUCTURE AND FINANCES: A QUESTIONNAIRE STUDY

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Aims: The engagement of clinicians in the management of institutions in which they work has been identified as a key factor in improving NHS performance. Basic knowledge of NHS structure and finances is a prerequisite. We aimed to ascertain the level of doctors' knowledge on entry to the NHS.

Methods: A questionnaire of 13 multiple-choice questions on NHS structure and finances was distributed to 25 FY1s at a London teaching hospital in August 2012. One point was awarded per correct answer.

Results: The 17 respondents (68%) had graduated from 9 UK medical schools. 10 had previous formal teaching on NHS structure/finances. Median total score was 4, out of a possible 22(18%), range 0-8(0-36%). Notable results included; only 4 respondents knew the type of trust in which they worked; 40% correctly answered that currently PCTs reimburse NHS Trusts; median estimate of NHS budget for 2010/11 was 16 billion (range 1-101 billion, actual 110bn); median estimate of the cost of a full blood count was £4 (range £1-20, actual £2.78).

Conclusions: The FY1s surveyed, including those with previous formal teaching, had little knowledge of NHS structure. Further work is required to educate doctors on NHS function from the start of their careers.

1316: KNOWLEDGE AND ATTITUDES OF MEDICAL STUDENTS TOWARDS ORGAN DONATION AND TRANSPLANTATION

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Aims: The shortage of organ donors is still a fundamental problem in the UK. Many strategies have been put forward to overcome this, one of which aims to improve awareness of organ donation and transplantation (ODT) at medical student level. This survey seeks to identify current knowledge and attitudes of medical students towards ODT.

Methods: A 33-item online questionnaire was distributed to 957 medical students at the University of Leeds (October-December 2012).

Results: There were 215 (22.5%) respondents. Students were aware of kidney, heart and liver transplantation (98.5%,95.5% and 93.0%). Awareness of small intestine (39.5%) and limb (39.0%) transplants were poor. Students understood the term Brain Stem Death (BSD,88.1%), however they lacked understanding of criteria used for BSD testing (59.2%).

Despite 59.5% indicating they would feel comfortable addressing a patient's questions about ODT, 43.3% were unhappy with their current knowledge. 87.6% agree that ODT teaching should be included in the curriculum. 63.8% would select a topic of transplantation for their student-selected module.

Conclusion: Students have basic understanding of ODT but they lack detailed knowledge. They accept its importance and desire further teaching to supplement their current knowledge in order to be able to truly understand the issues related to ODT.

1336: LAPAROSCOPIC TRAINING IN VIRTUAL REALITY (VR): HAPTIC VS. NONE HAPTIC

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Background: VR based training is now an actuality, however, the superiority of haptic feedback remains debatable. In our study we objectively investigated the superiority of each system.

Methodology: 42 novices were trained using a validated training curriculum with benchmark level for proficiency. Using VR simulators, with and without haptic feedback.

Results: Proficiency in Basic tasks 5 in the Haptic was achieved in mean total simulator time (MTST) of 12:49 in 7.3 trials compared to 16:28 minute in 7.7 trials for none-haptic

Proficiency in Basic tasks 6 in the Haptic was achieved in MTST of 12:20 min in 7.2 trials compared to 19:22 minute in 7.2 trials for none-haptic

Proficiency in Procedural tasks 3 in the Haptic was achieved in MTST of 26:42 in 5.3 compared to 59:19 minute in 12.4 for none-haptic

Proficiency in procedural tasks 4 in the Haptic was achieved in MTST of 27:40 in 5.2 trials compared to 1:05:25 minute in 8 trials for none-haptic

In full LC proficiency was achieved in MTST of 30:04 minute in 3.4 trials compared to 1:27:43 minute in 8.1 trials for none-haptic

Conclusion: As the complexity of the tasks increases the superiority of the haptic feedback becomes more prominent.

1361: SURGICAL TRAINING DURING A VOLUNTARY MEDICAL-SURGICAL CAMP IN SIERRA LEONE

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Introduction: There is on going concern that surgical trainees are not gaining enough operative experience during routine working hours. We investigate the potential training opportunities available abroad.

Methods: The experiences of a UK based core surgical trainee volunteering on a medical-surgical camp in Sierra Leone over a 10-day period were prospectively evaluated. The trainee was supervised by a UK based Consultant Surgeon.

Results: Over 7 days, 45 procedures were performed on 37 patients under either spinal or local anaesthesia. These included 33 inguinal hernioplasties, 11 hydrocelectomies and one femoral hernia repair. The trainee was the primary operating surgeon for 23 procedures. The trainee was supervised with the trainer scrubbed (STS) for 15 cases and supervised with the trainer un-scrubbed (STU) for eight cases. The trainee assisted in a further 12 cases.

Conclusions: This venture offered an opportunity for the trainee to gain a focused and concentrated experience in repeating the same surgical procedure under direct consultant supervision. The trainee progressed from

STS to STU, becoming proficient in inguinal herniorrhaphy and hydrocelectomies. The experience was easy to organise, was undertaken during annual leave and did not require deanery approval. It is an experience to be recommended for all surgical trainees.

1374: ANTIBIOTIC PROPHYLAXIS IN PATIENTS UNDERGOING UNCOMPLICATED APPENDICECTOMY AND HERNIA REPAIR AT A LONDON UNIVERSITY HOSPITAL

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Objective: To assess adherence to local trust antibiotic prophylaxis guidelines in uncomplicated appendicectomy and hernia repair. To explore potential causes for lack of adherence.

Methods: A retrospective unselected cohort of patients undergoing appendicectomy and hernia repair between 07/2012 and 12/2012 were reviewed. 81 case-notes were retrieved (appendicectomy=43, hernia repairs=38). Antibiotic choice and prescribing practices were noted on a bespoke-proforma. A questionnaire of surgeons and anaesthetists to assess familiarity of with the guidelines was performed, n= 22

Results: Appendicectomy-Adherence to all parameters occurred in 7.0% of patients. 32.6% received correct prophylaxis. 16.3% received one dose at induction as recommended. In 67.4% duration was longer than recommended. 30.2% received an appropriate dose and 81.4% received prophylaxis within 30-minutes of incision.

Hernia-repair Without Mesh-35% did not receive any antibiotics per guidance.

Hernia-repair With Mesh- 17% received correct antibiotic-prophylaxis. 11% did not receive prophylaxis. All patients that received prophylaxis had the correct dose within 30-minutes of skin incision. 2 questionnaires were discarded. 18(Surgeons=10, Anaesthetists=8) did not know the guidelines, 2 knew the correct guidelines for appendicectomy but not for hernias.

Conclusion: Antibiotic prophylaxis is poorly performed. This may in part be due to poor knowledge of guidelines. A programme for improvement has been formulated.

1407: A NEWLY ESTABLISHED DEANERY NETWORK

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Background: The Severn Women in Surgery network (SWIS) is the first surgical deanery, female network set up to support trainees within the region. Even though 57% of women comprise the intake at medical school (2007)[i], only 8% of women become consultant surgeons in England.

Aims: Our aim is to provide support and guidance for future and current female trainees who want to pursue a career in surgery.

Results: Within the first 6 months of SWIS being established, SWIS has already been involved in 2 regional presentations and an invited presentation at the RCS Inspiring women Leaders conference 2012. Through social media, SWIS has developed an interactive twitter platform, 2 NHS networks online forums for female trainees and those who have family commitments. A surgical trainee maternity leaflet has been created and published online encompassing surgical-related issues including radiation exposure.

There is an online experiences page from a diversity of male and female trainees and consultants within the region. This experiences page has been devised to inform current and future male and female trainees, about experiences in surgical training and compare choices: LTFT/FT, those in academia, and those who have family commitments.

Conclusion: This has been a successful initiative.

[i][ii] <http://surgicalcareers.rcseng.ac.uk/wins/research-and-stats/statistics>

1410: CAN TEACHING MEDICAL STUDENTS MORE ADVANCED SURGICAL SKILLS INCREASE THEIR INTEREST IN SURGERY? TEACHING BEYOND HAND-TIES AND SIMPLE SKIN CLOSURES

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Aim: Exposure to surgical skills is often limited in undergraduate medical curriculum. Majority of medical students are not aware of the wider range of surgical skills and techniques surgeons use. We aimed to find out whether teaching medical students a broader range of surgical skills would increase their interest in surgery as a career.

Method: A one-day surgical skills course was developed for medical students which included basic surgical skills to more advanced techniques including tendon repair, vascular repair. We distributed a questionnaire before and after the course to access interest in surgery and confidence in performing each task using a 5-point Likert scale.

Result: 24 medical students attended the course. Interest in surgery increased from a mean score of 2.3 to 3.8 post-course ($p<0.005$). Candidates felt more confident with suturing skills, knot tying, handling surgical instruments at the end ($p<0.05$). All candidates were able to complete a sound repair of the tendon and perform a vein patch at the end.

Conclusions: This one-day course requires low resource but has a high impact on developing surgical interest in medical students. It is easily reproducible and should be accessible to all medical students to increase surgical interest and skills.

1424: IMPROVING CONFIDENCE AND COMPETENCE IN AN UNDERGRADUATE COHORT OF SURGICAL ENTHUSIASTS: AN UNDERGRADUATE SURGICAL SOCIETY'S EXPERIENCE

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Aim: Basic surgical skills competency varies markedly amongst medical students (Helenius, 2002), highlighting an oversight in medical school curricula. Early exposure to surgical skills may improve skills and supplement theatre-based teaching, alongside promoting interest in surgical careers (Sammann et al, 2007, Nishan et al, 2007).

Surgical skills 'boot-camps' are reported as effective skills-training interventions (Esterl et al., 2006). These were implemented by Cardiff University Surgical Society, a student-led group for surgical enthusiasts, intended to increase basic surgical skills exposure in a validated training setting (Welsh Institute of Minimal Access Therapy).

Method: Training exercises in suturing, knot-tying and laparoscopic dexterity were delivered during 1hr-long sessions with instruction from verified surgical trainers. Attendees were sent an online 10-question survey (Survey Monkey®), subjectively evaluating pre-and post-session confidence and competence. Analysis of responses was conducted using PASW Statistics (SPSS 18).

Results: 30 students were invited to respond (age range: 18–25 years) and feedback from 14 students was obtained (47%). Students reported increased confidence in all skills demonstrated ($p<0.01$). It was unanimously reported that undergraduate surgical skills training was deficient yet important for professional development.

Conclusions: Students actively engage with interventions such as surgical 'boot-camps', which encourage early development of technical skill competency and confidence.

1443: IRISH MEDICAL STUDENTS' ATTITUDES TOWARDS, AND AWARENESS OF, RESEARCH OPPORTUNITIES

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Aims: To assess students' attitudes towards research; awareness of research opportunities; ability to carry out literature appraisals.

Methods: Students were invited to participate in an online anonymous questionnaire.

Results: Of 180 responses, 83% did not feel adequately aware of research opportunities and 40% would like to participate in research but did not know how to get involved. The strongest motivating factor was the potential benefit for future career prospects, followed by an inspiring mentor, ahead of prizes, monetary incentives or academic credits. The most common disincentive was 'difficulty balancing with academic commitments' (30%), followed by 'lack of awareness' (25%). A third of students thought that an intercalated BSc was a good idea, however only 11% thought that the medical school provided enough information. Almost all (88%) students felt they needed more guidance in interpretation of the literature; 23% judged themselves capable of performing literature appraisals.

Conclusions: Medical students show an interest in participating in research and are aware of its importance, but do not feel they are made appropriately aware of research opportunities. Students are generally unaware of the option of an intercalated degree. Finally, most students do not feel they have the ability to critically appraise literature.